

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Lewis Deans</u>	COURT CASE NUMBER <u>3:05-cv-00283Tmb</u>						
DEFENDANT <u>Sharon Shumacker</u>	TYPE OF PROCESS <b>RECEIVED</b>						
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Sharon Shumacker</u>						
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., and ZIP Code) <u>asked Clerk U.S. District Court Anchorage, Alaska</u>						
<b>SEND NOTICE</b>	DEC 28 2006						
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285		Number of parties to be served in this case		Check for service on U.S.A.	
Number of process to be served with this Form - 285							
Number of parties to be served in this case							
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>Lewis Deans</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>907-344-5151</u>	DATE <u>10/26</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>6</u>	District to Serve No. <u>6</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>12/12/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>12-18-06</u>
	Time <u>                    </u> am <u>                    </u> pm
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>\$8</u>	Total Mileage Charges (including endeavors) <u>5.36</u>	Forwarding Fee	Total Charges <u>\$13.36</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:  
sent out certified - RR  
Returned 12-26-06

AO 440 (Rev. 8/01) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

ORIGINAL

District of

Lewis Deans

## SUMMONS IN A CIVIL ACTION

V.

Cindy Anderson  
Sharon Shumacher  
Jerry Sjoland  
Jim Aramow  
Julie Neal  
Krista Shank  
Debra Wilson  
Art Arnold  
Cheryl Guxette

CASE NUMBER: 3:05-CV-00283-TMB

TO: (Name and address of Defendant)

Sharon Shumacher

YOU ARE HEREBY SUMMONED to serve on PLAINTIFF'S ATTORNEY (name and address)

Lewis Deans  
205 E. Diamond Blvd. #112  
Anchorage, AK 99515

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

IDA EDWARDS

DATE

November 2, 2006

REDACTED SIGNATURE

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

JUNEAU AK 99801

Postage	\$ 1.11	0535
Certified Fee	\$2.40	07
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.36</b>	12/13/2006

Sent To Sharon Shumaker  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 (See Reverse for Instructions)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <u>Department of Alaska</u> <span style="float: right;">Date of Delivery</span></p> <p>B. Received by (Print Name) <span style="float: right;">Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address</p>
<p>1. Article Addressed to:</p> <p><u>SHARON Shumaker</u>  <u>6200</u>  <u>501</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2.</p> <p>PS Form 3811, August 2001</p>	<p>12510 0002 1407 6512</p> <p>Domestic Return Receipt</p> <p>102595 01-M-2508</p>

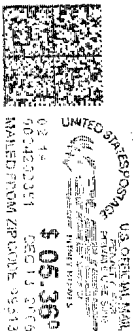
**U.S. Department of Justice**  
**United States Marshals Service**  
**District of Alaska**  
 222 West 7th Avenue, #28  
 Anchorage, AK 99511-7568  
 Official Business  
 Penalty for Private Use \$300

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7001 2510 0002 1407 6512		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-01-M-2509	

*Sharon Spumacker*



7001 2510 0002 1407 6512



U.S. OFFICIAL MAIL  
 \$05.36  
 06-24-2006 11:11  
 CANCELED FROM ZIP CODE 99513